

May 18, 2023

# LTC COVID-19 Update

Presented by:

**Lori Davenport, Director of Regulatory & Clinical Affairs**

**Indiana Department of Health Team**



# Today's Topics



- Enhanced barrier precautions and C. auris – Deanna Paddack
- This week's frequently asked questions – Brenda Buroker, Dr. Vuppalanchi
- Q&A

***Designs for Well-rounded Dietary Departments***, a webinar on May 23, details [HERE](#)

***Mastering the Art & Science of Dementia Care***, an in-person workshop on May 25, details [HERE](#)

***MDS Updates & Areas of Impact***, a webinar on June 8, details [HERE](#)

***SNF DON Workshop***, an in-person workshop on June 28-29, details [HERE](#)



**Indiana**  
**Department**  
**of**  
**Health**

# ENHANCED BARRIER PRECAUTIONS AND C. AURIS LTC WEEKLY UPDATE

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IN COLLABORATION WITH THE IDOH HAI TEAM

05/18/23

## OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

## OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



# *C. auris*: What is it?

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- A yeast that has been known to be resistant to one or more antifungal medicines
- It can live on surfaces for a long time
- Some common cleaners aren't strong enough to kill it
- Residents that have certain devices are at a higher risk for infection
- Some residents may have it on their skin, but not know it

# *C. auris*: Why do we care?

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- *C. auris* exhibits a 30 percent to 60 percent mortality rate in the clinically infected
- It is often seen as a co-infection when accompanied with other multi-drug resistant organisms
- Some *C. auris* infections have been resistant to all known antifungals
- We have the tools and power to slow the spread of this organism through good infection prevention practices

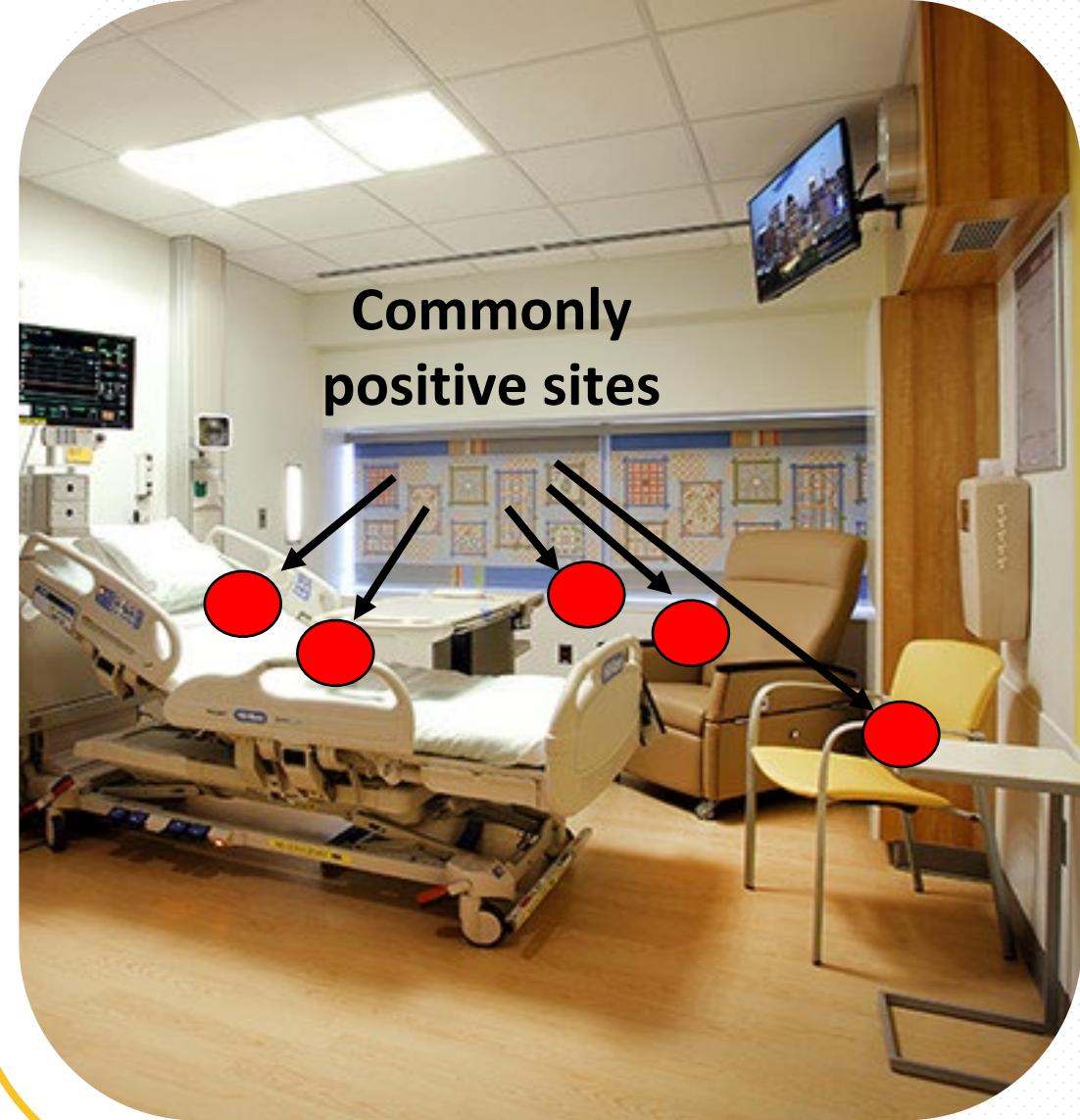
# Primary means of infection control

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- Good hand hygiene for **staff and residents**
  - Alcohol-based hand rub (ABHR) is effective against *C. auris*
  - ABHR is the preferred method when hands are not visibly soiled
  - If hands are visibly soiled, use soap and water
- Enhanced barrier precautions in skilled nursing facilities is the recommended best practice
- Cleaning and disinfecting patient care environment with EPA list P cleaners daily and for terminal cleans
- Inter-facility communication
- From IDOH perspective:
  - Screening contacts of newly identified cases
  - Lab surveillance

# High-touch objects

- Be aware of high-touch objects in rooms
- Handrails, tabletops, arm rests, etc.
- Be sure to wear gloves and perform hand hygiene when contact is inevitable of high-touch surfaces
- Regular use of approved cleaners on these surfaces is important





# Stopping the spread of *C. auris*: a group effort

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- Studies have shown that during an outbreak of *C. auris*, environmental contamination can be extensive<sup>1</sup>
- A primary way to control this spread is through environmental cleaning and disinfection<sup>1</sup>
- Infection prevention measures in long term care facilities are designed to protect residents as well as staff
- Utilization of Enhanced Barrier Precautions during high contact resident moments

# Why Enhanced Barrier Precautions?

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- Less restrictive for staff and residents
- Allows residents to participate in group activities and leave the room
- Allows staff to utilize critical thinking skills and be empowered to stop transmission in the facility
- Because it's best recommended practice by CDC and Infection Preventionist
- It is required by CMS for certain organisms

# What are high contact resident care moments

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- Dressing
- Bathing/Showering
- Transferring
- Providing hygiene care
- Changing bed linens
- Device care = central lines, urinary catheter care, feeding tubes, tracheostomy/ventilator
- Wound care or wound dressing changes

# Is it Transmission Based Precautions or Enhanced Barrier Precautions

**STOP** **CONTACT PRECAUTIONS** **STOP**  
**EVERYONE MUST:**

 Clean their hands, including before entering and when leaving the room.

**PROVIDERS AND STAFF MUST ALSO:**

 Put on gloves before room entry. Discard gloves before room exit.

 Put on gown before room entry. Discard gown before room exit.  
**Do not wear the same gown and gloves for the care of more than one person.**

 Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.


 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

For all clinical cases, i. e. blood, urine pos

**STOP** **ENHANCED BARRIER PRECAUTIONS** **STOP**  
**EVERYONE MUST:**

 Clean their hands, including before entering and when leaving the room.

**PROVIDERS AND STAFF MUST ALSO:**

 Wear gloves and a gown for the following High-Contact Resident Care Activities.

 Dressing  
Bathing/Showering  
Transferring  
Changing Linens  
Providing Hygiene  
Changing briefs or assisting with toileting  
Device care or use:  
central line, urinary catheter, feeding tube, tracheostomy  
Wound Care: any skin opening requiring a dressing

**Do not wear the same gown and gloves for the care of more than one person.**

 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

For all colonized cases

# IDOH Guidance:

## The Use of Enhanced Barrier Precautions to Prevent MDRO Transmission

The Indiana Department of Health and CMS require nursing homes to utilize enhanced barrier precautions (EBP) when engaging in high-contact resident care activities with residents who have been infected with or have a colonized targeted multidrug-resistant organism (MDRO).

These include:

- Pan-resistant organisms; (*Pseudomonas aeruginosa*, *Acinetobacter baumannii*, *Klebsiella pneumoniae*, and *Escherichia coli*)
- Carbapenemase-producing carbapenem-resistant *Enterobacterales*;
- Carbapenemase-producing carbapenem-resistant *Pseudomonas spp.*;
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*; and
- *Candida auris*.

*CMS is reviewing the updated CDC guidance, but no regulatory changes have been implemented.*

*IDOH will continue to cite non-compliance if a facility fails to use EBP in high-contact resident care activities with residents who have one of the five targeted MDROs listed above*

\*2 References:



# CMS requires and CDC recommends Enhanced Barrier Precaution use

CMS Requires for SNF	CDC Recommends additional moments for EBP
<p>Enhanced Barrier Precautions when engaging in high contact resident care activities with residents who have been infected or colonized with the 5 targeted multi drug resistant organisms</p> <ul style="list-style-type: none"><li>• Pan-resistant organisms; (<i>Pseudomonas aeruginosa</i>, <i>Acinetobacter baumannii</i>, <i>Klebsiella pneumoniae</i>, and <i>Escherichia coli</i>)</li><li>• Carbapenemase-producing carbapenem-resistant <i>Enterobacteriales</i>;</li><li>• Carbapenemase-producing carbapenem-resistant <i>Pseudomonas spp.</i>;</li><li>• Carbapenemase-producing carbapenem-resistant <i>Acinetobacter baumannii</i>; and</li><li>• <i>Candida auris</i></li></ul>	<p>All residents with any of the following:</p> <ul style="list-style-type: none"><li>• Wounds and/or indwelling medical devices (e.g. central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO status.</li><li>• Infection or colonization with any other novel or targeted MDRO when contact precautions do not apply. (<i>Besides the CMS requirement of the 5 organisms previously discussed</i>)</li></ul>
<p>Non-compliance can be cited if a facility fails to use EBP in high-contact resident care activities with residents who have one of the five targeted MDROs</p>	<p>Facilities may consider applying EBP to residents infected or colonized with other epidemiologically-important MDRO's based on facility policy</p>

# Implementation recommendations for EBP

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- Clear signage on the outside of the door or wall which states the type of PPE required
- Indicates the high contact resident care activities that require PPE to be donned
- PPE is readily available and stocked at the point of entry
- Trash cans are placed at or near the exit for staff to properly discard PPE
- ABHR readily available and working at the point of entry and/or exit
- Periodic auditing and monitoring of staff compliance with PPE and cleaning and disinfecting practices
- Staff and resident adherence to hand hygiene
- Educate staff, residents and families on EBP precautions and expectations of adherence to facility policies

# Pathogens Survival Times in the Environment

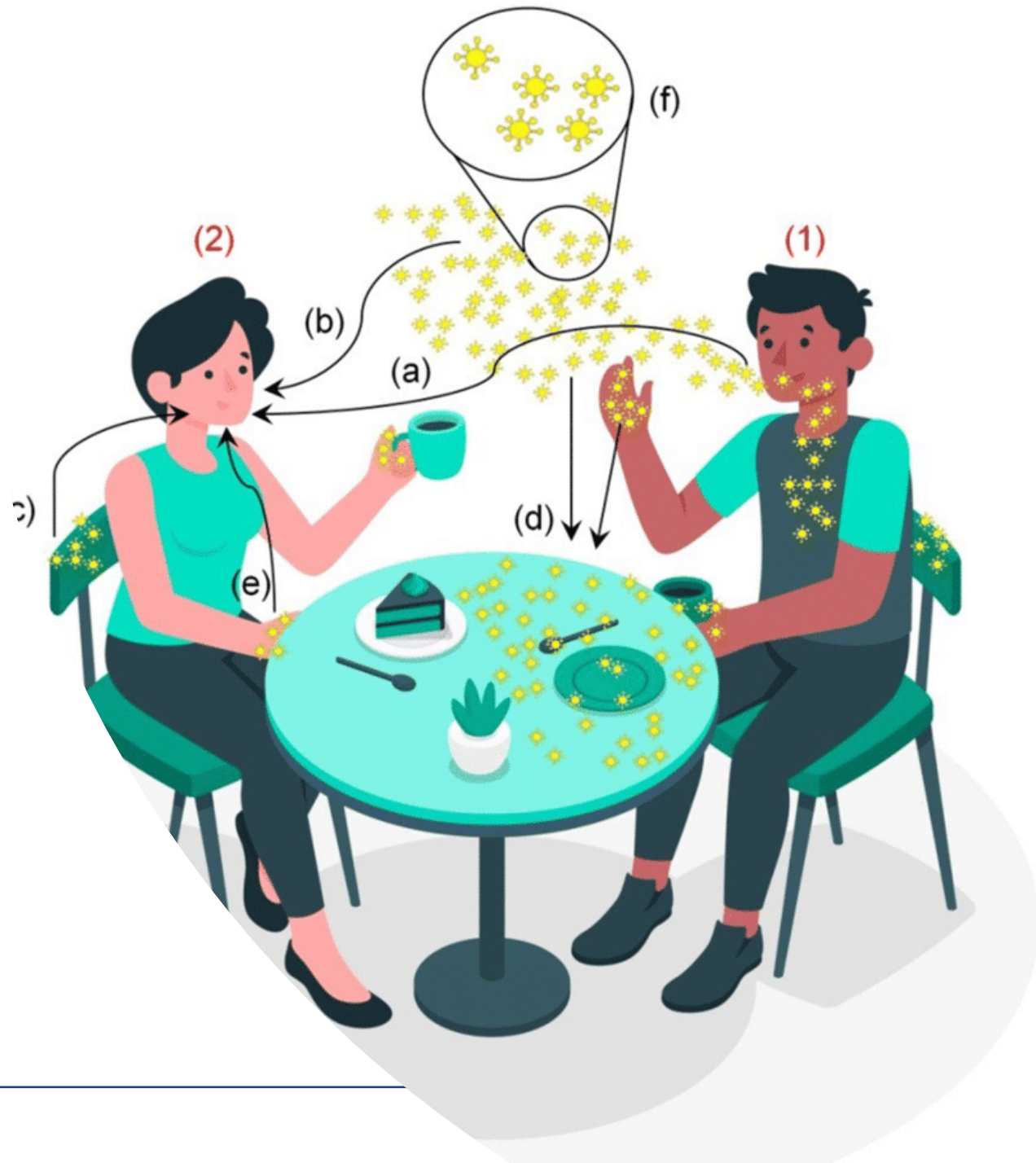
Organism	Duration of Survival
Candida auris * required by CMS	14 - 28 days (measured by colony counts)
Acinetobacter sp. *Pan or CPO and required by CMS	3 days – 5 months
E. Coli * Pan or CPO and Required by CMS	1.5 hours – 16 months
Klebsiella sp. *Pan or CPO and required by CMS	2 hours - > 30 months
Pseudomonas aeruginosa *Pan or CPO and required by CMS	6 hours – 16 months
Serratia marcescens *Pan or CPO and required by CMS	3 days – 2 months



# Transmitting fomites

(objects that are capable of transmitting infection, such as skin cells, clothing, hair and bedding)

- PPE selection and staff adherence is crucial to stop transmission
- Hand Hygiene (ABHR)
- C. auris and other organisms can live in the environment on surfaces for several days to months.
- Stop and think.....
  - What did I touch ?
  - What am I getting ready to touch?
  - What did the Resident touch?
  - Does it need disinfected?
  - Did I do hand hygiene properly?

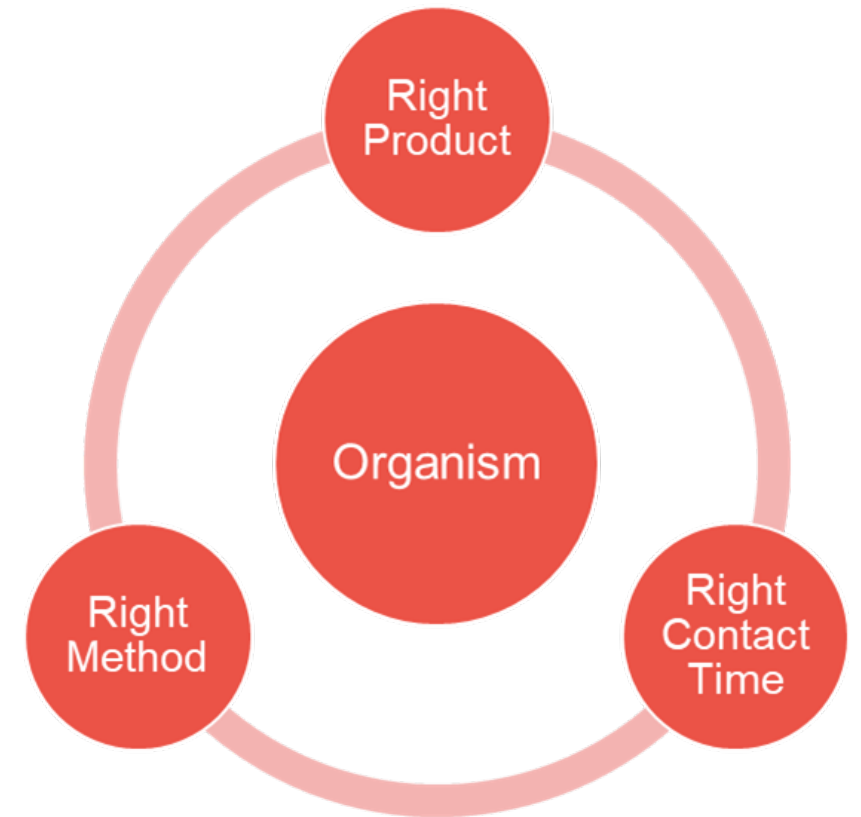


# 3 Rs of Cleaning and Disinfecting

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Stop and ask ...

Am I using the **right product** for the organism present and cleaning in the **right method** allowing the **right contact/kill time**.



# Factors to Consider when Selecting a Disinfectant

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- Is it EPA registered (spectrum activity = **List P**)?
- Is it easy to use (contact time, mixing requirements, steps of delivery, stability)?
- Is it safe (flammable or toxic)?
- Is it compatible on surfaces (computers, screens, plastics, electronics)?
- Is it odorless (doesn't cause irritation to self or others)?
- Is it cost effective (budget considerations)?
- Does it continue to work after application?

# Who Is Accountable for Stopping Transmission?

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**EVERYONE!**

- Cleaning and disinfection are always the responsibility of all staff
- Creating a culture of accountability to stopping disease transmission in the organization is critical to patient, resident and staff health and safety.
- This is beneficial to key stakeholders with cost-saving measures when expensive hospitalizations and treatments are not needed because the environment was properly cleaned and disinfected.

# References

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1. Caceres DH, Forsberg K, Welsh RM, Sexton DJ, Lockhart SR, Jackson BR, Chiller T. *Candida auris*: A Review of Recommendations for Detection and Control in Healthcare Settings. *Journal of Fungi*. 2019; 5(4):111.  
<https://doi.org/10.3390/jof5040111>
2. LTC Newsletter 2023-10, May 11, 2023
3. <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

# Questions

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